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**FACSIMILE COVER SHEET****RECEIVED  
CENTRAL FAX CENTER****MAR 13 2006**Deliver to: Kevin Kim, USPTOArt Group: 2634Facsimile No.: (571) 273-8300Date: March 13, 2006From: William W. Schaal, Reg. No. 39,018Our Docket No.: 55123P287Number of pages 9 including this sheet.Application No.: 09/900,087Filing Date: 7/6/2001Docket Due Date(s): 3/13/2006

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> ( <u>5</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( <u>    </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: <u>                    </u> ( <u>    </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: <u>                    </u>
<input type="checkbox"/> Assignment & Cover Sheet ( <u>    </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile <u>                    </u>	<input type="checkbox"/> Reply Brief ( <u>    </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( <u>    </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u>    </u> sheets, <u>    </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: <u>                    </u>	<input type="checkbox"/> Response to Written Opinion ( <u>    </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( <u>    </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other <u>                    </u>	<input checked="" type="checkbox"/> Transmittal Letter

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)**

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 Susan McFarlane
3/13/2006

Date

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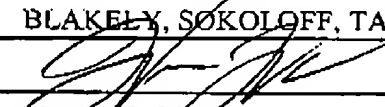
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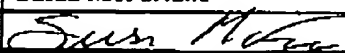
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**MAR 13 2006**

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/900,087
		Filing Date	July 6, 2001
		First Named Inventor	Ahmad Chini
		Art Unit	2634
		Examiner Name	Kevin Kim
Total Number of Pages in This Submission	8	Attorney Docket Number	55123P287

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 13, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Susan McFarlane		
Signature		Date	March 13, 2006

Based on PTO/SB/21 (08-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 11/30/2005  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p>		<p style="text-align: center;"><i>Complete If Known</i></p>	
		Application Number	09/900,087
		Filing Date	July 6, 2001
		First Named Inventor	Ahmad Chini
		Examiner Name	Kevin Kim
		Art Unit	2634
		Attorney Docket No.	55123P287
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee


☒ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

<b>FEE CALCULATION</b>									
<b>1. EXTRA CLAIM FEES</b>									
Total Claims	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 2px;">11</div>	-	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 2px;">32*</div>	=	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 2px;">0</div>	x	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 2px;">Fee from below 50.00</div>	=	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 2px;">Fee Paid \$0.00</div>
Independent Claims	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 2px;">2</div>	-	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 2px;">5*</div>	=	<div style="border: 1px solid black; width: 40px; height: 20px; text-align: center; margin: 2px;">0</div>	x	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 2px;">Fee from below 200.00</div>	=	<div style="border: 1px solid black; width: 60px; height: 20px; text-align: center; margin: 2px;">Fee Paid \$0.00</div>
Multiple Dependent									
<b>2. ADDITIONAL FEES</b>									
LARGE ENTITY      SMALL ENTITY									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
1202	50	2202	25	Claims in excess of 20					
1201	200	2201	100	Independent claims in excess of 3					
1203	360	2203	180	Multiple Dependent claim, if not paid					
1204	780	2204	306	**Reissue independent claims over original patent					
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent					
<b>SUBTOTAL (1)</b>				<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center; margin: 2px;">(\$)      0.00</div>					
<b>Other fee (specify)</b>									
SUBTOTAL (2)									
				<div style="border: 1px solid black; width: 100px; height: 20px; text-align: center; margin: 2px;">(\$)</div>					

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\*or number previously paid, if greater. For Reissues, see below

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
<b>Name (Print/Type)</b>	William W. Schanz	<b>Registration No.</b> (Attorney/Agent)	39,018	<b>Telephone</b>	(714) 557-3800
<b>Signature</b>				<b>Date</b>	03/13/06

Based on PTO/SB/17 (12-04) as modified by Diskely, Siskind, Taylor & Zaffman (wtr) 12/15/2004  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Patent fees are subject to annual revision.

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>0.00</b>
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**Complete if Known**

Application Number	09/900,087
Filing Date	July 6, 2001
First Named Inventor	Ahmad Chini
Examiner Name	Kevin Kim
Art Unit	2634
Attorney Docket No.	55123P287

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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\*or number previously paid, if greater. For Helssues, see below.

(5)

## 03/13/06

PAGE 4/9 \* RCVD AT 3/13/2006 6:46:14 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/45 \* DNIS:2738300 \* CSID:7145573347 \* DURATION (mm:ss):02:26

Appl. No. 09/900,087  
Amdt. Dated 03/13/2006  
Reply to Office action of 12/13/2005

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application. No.	:	09/900,087	Confirmation No. 5864
Applicant	:	Ahmad Chini	
Filed	:	07/06/2001	
TC/A.U.	:	2634	
Examiner	:	Kevin Kim	
Docket No.	:	055123.P287	
Customer No.	:	8791	

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action of December 13, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.